

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>07-DEC-2014</b>		TIME <b>18:25:00</b>		2. ADDRESS OF OCCURRENCE <b>11050 S SPAULDING AVE CHICAGO, IL 60655</b>				3. LOCATION CODE <b>103</b>		4. BEAT/OCCUR <b>2211</b>						
MEMBER INVOLVED <input type="checkbox"/> DNA	5. POSITION <b>9171</b>		6. LAST NAME <b>WILLINGHAM</b>		7. FIRST NAME <b>RUSSELL L</b>		8. STAR NO. <b>1377</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>508</b>		12. HT. <b>146</b>	
	14. DATE OF APPT. <b>10-MAY-1999</b>		15. EMPLOYEE NO. <b>008</b>		16. UNIT & BEAT OF ASSIGNMENT <b>008</b>		17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME <b>MCGINTY</b>		21. FIRST NAME <b>THOMAS</b>		22. M.I. <b>P</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>WHI</b>		25. D.O.B. <b>603</b>		26. HT. <b>230</b>		27. WT.	
	28. ADDRESS <b>DECEASED</b>		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>DECEASED</b>				34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
	36. CHARGES PLACED <input type="checkbox"/> DNA				37. CB NO.		IR NO.									
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE					
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE													
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>									
	45. MAKE/MANUFACTURER <b>GLOCK, INC.-AU-</b>		46. MODEL <b>42</b>		47. BARREL LENGTH <b>1 INCH</b>		48. CALIBER/GAUGE <b>380 ACP</b>									
CASE INFO.	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) <b>AAVP237</b>		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.							
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>HORNADY</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>7</b>							
SIGNATURES	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input checked="" type="checkbox"/> 03 OTHER (Specify) <b>RIGHT FRONT PANTS POCKET</b>		63. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
	64. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66. DID MEMBER USE SIGHTS											
SIGNATURES	67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>NONE</b>		68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
	70. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		71. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		72. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>WILLINGHAM, RUSSELL L</b>		STAR/EMPLOYEE NO <b>1377</b>		SIGNATURE <b>[Signature]</b>											
	74. REVIEWING SUPERVISOR (Print Name) <b>MC FARLANE, RICHARD M</b>		STAR NO. <b>227</b>		SIGNATURE <b>[Signature]</b>		DATE REVIEWED <b>08-DEC-2014 01:04:07</b>		TIME							

CPD-11.3 (REV. 10/07)

LOG# **1072859**  
Attachment **8**

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time of this report, it is the preliminary determination of the undersigned that Sgt. Willingham #1377 acted in compliance with Department policy. Sgt. Willingham, after witnessing the subject (McGinty, Thomas) fire a weapon, striking the victim [REDACTED] drew his weapon, announced his office and ordered the subject to drop his weapon. The subject then began waving his weapon in the direction of the other patrons placing all in the establishment in fear for their lives. at this time Sgt. Willingham fired his weapon striking the subject numerous times.

log# 1072859

U# 14-042

Additionally SPAR# 537554 was obtained for Violation 8: Failure to comply with Department Directives regarding Personal Weapons or Ammo-Failure to register a weapon.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072859 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

08-DEC-2014 01:26:45

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

1